MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05479

5500

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) L. (Last) CLARK

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 5 June 1914

9. AGE last birthday: 40 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HARRY CLARK

14. MOTHER'S MAIDEN NAME: EMMA E. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. ~~Helen~~ EMMA Clark, Cobb Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

5810

Immediate cause (a) Bleeding from esophageal varicie — Interval between onset and death: 24 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cirrhosis of the liver — 6 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June 1954, to 29 June 1954, that I last saw the deceased alive on 29 June 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederick M. Johnson M.D. ADDRESS La Plata, Maryland DATE SIGNED 29 June 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 7/2/54
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL
LOCATION (City, town, or county) (State) ARLINGTON VA.

DATE REC'D BY LOCAL REG. 6/30/54
REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS W W CHAMBERS CO 517 11th ST SE WASH. DC.

RECEIVED
JUL 2 1954
BUREAU V. S.

5501 MARYLAND STATE DEPARTMENT OF HEALTH 05480

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sweden Point, Marbury
LENGTH OF STAY (In this place) 19
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Elmer (First) V. ~~Cousman~~ (Middle) CUSHMAN (Last)

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 21 1888
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac ~~Cousman~~ CUSHMAN
14. MOTHER'S MAIDEN NAME Edith Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles M. Upham Marbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6-13-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. L. Adelen M.D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 6-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 19 1954
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REG. 6/14/54
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Hunt & Ryon Funeral Home ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05481

5502 CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Alton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Alton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) JAMES ~~HAMPTON~~ ELDER (Middle) HAMPTON (Last) ELDER

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: U.S.W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 26, 1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Bel Alton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony A. Elder
14. MOTHER'S MAIDEN NAME: F. E. Darcey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-32-0969
17. INFORMANT & ADDRESS: Mrs. Mabel B. Elder, Bel Alton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary occlusion	1 hr 45 m
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral vascular accident.	3 mos.
	DUE TO (c) Hypertension	6 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 15 June 1954, that I last saw the deceased alive on 15 June 1954, and that death occurred at 2:14 AM EST, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS La Plata, Md DATE SIGNED 15 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 17, 1954
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel Alton, Maryland
DATE REC'D BY LOCAL REGISTRAR 6/16/54
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1954
BUREAU V. S.

Film#G167 Item# 9
6/16/54 emf

05482

MARYLAND STATE DEPARTMENT OF HEALTH

5503 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (LaPlata). | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn N.Y. 49X-3
STREET ADDRESS (If rural, give location) 413 Quincy Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Johnson (Last) Johnson
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	July 6, 1938	15 16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	New York	U.S.A.

13. FATHER'S NAME Ezekiel Johnson
14. MOTHER'S MAIDEN NAME Gertrude Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Ezekiel Johnson, 413 Quincy St. Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Comp and Fractures, Gall Thighs & legs, Head & Pelvic Injuries (crushing)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Route 301	(CITY OR TOWN) LaPlata (1½ miles south)	(COUNTY) Charles	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
June 8, 1954 9A m.		Was operating a motor scooter and collided with Pressure Special and U.S. Express Car. Struck State Road Trunk approach.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank Ryan Co. D. — Indian Head, Md — 6-8-54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 9, 1954		Brooklyn, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/54	Julia H. Posey	Hunt & Ryon	Waldorf, Md.

RECEIVED
JUN 11 1954
BUREAU V. S.

Film#G167 Item# 9
6/16/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

05483

5504 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn, N.Y. 69x-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) Othelle Jones
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1954
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 11, 1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator
10b. KIND OF BUSINESS OR INDUSTRY Clothing
11. BIRTHPLACE (State or foreign country) Sumpter, S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ben Jones
14. MOTHER'S MAIDEN NAME Lena Gadson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 054-05-1444
17. INFORMANT AND ADDRESS Gertrude Jones, 413 Quincey St. Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816x

Immediate cause (a) Multiple fractures both legs & thighs. — Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right Arm & left Wrist

(c) Crushed Right Chest - probable Skull Fracture

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301
(CITY OR TOWN) La Plata (1½ miles south of) (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) June (Day) 8, (Year) 1954 (Hour) 9A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased was occupant of car traveling at excessive speed which passed on Kar and struck State Road Truck on wrong lane

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frantzle Susan (Degree or title) M.D. ADDRESS Indian Head, Md DATE SIGNED 6-8-54.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 9, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Brooklyn (State) New York
DATE REC'D BY LOCAL REG. 6/9/54
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05484

5505 CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Marshall Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Georges Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeak Beach. Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Sidney John Monk

4. DATE OF DEATH: (Month) (Day) (Year): 6-5-54 19

5. SEX: Male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-17-1876

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Troy, New York.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Monk

14. MOTHER'S MAIDEN NAME: Jane Lahey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerosis — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-54, 19....., to 6-5-54, 19....., that I last saw the deceased alive on 6-5-54, 19....., and that death occurred at 6-00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. Andrews, M.D. — ADDRESS Indian Head Md, — DATE SIGNED 6-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 6/5/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) 415 N. St. N. W.

DATE REC'D BY LOCAL REG. June 5, 1954 — REGISTRAR'S SIGNATURE Odey Pruse

24. FUNERAL DIRECTOR Hunt & Tyon, Waldorf, Md. — ADDRESS

RECEIVED
JUN 11 1954
BUREAU V. S.

5506 MARYLAND STATE DEPARTMENT OF HEALTH 05485

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harbe — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS 567 Putnam Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAYMOND	M.	NIXON	June 8,		1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro.	Single	April 17 1931	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	New York	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy Nixon	Margaret Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		129-22-7106	Margaret Harley, 567 Putnam Ave Brooklyn, New York

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture Skull	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound Fracture Right Femur	
	(c) Possible Internal Injuries	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Alcoholism	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		La Plata (1½ miles South of)	Charles	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 8, 1954 9A m.		Deceased was driving his car traveling at excessive speed which passed the car and struck State Road truck on wrong side

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Pearson	M.D.	Indian Head, Md	6-8-54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 9 1954		Brooklyn, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/54	Julia A. Posey	Hunt & Ryon, Waldorf, Md	

RECEIVED
JUN 11 1964
BUREAU V. S.

05486

MARYLAND STATE DEPARTMENT OF HEALTH

5507

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict — LENGTH OF STAY (In this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 511 C N.E.
STREET ADDRESS (If rural, give location): Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) VANCE (Middle) WILLIAM (Last) OSGOOD
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 10 1910
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): N.H.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Clearence W Osgood
14. MOTHER'S MAIDEN NAME: Eva Standish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 7
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Eva S Osgood 511 C N.E. Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH: 6-13-54

850.8 Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell from fishing boat

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Patuxent River — (CITY OR TOWN): Benedict — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: La Plata Md — DATE SIGNED: 6-16-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 6/16/54 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Washington, D.C. (State):
DATE REC'D BY LOCAL REG.: 6/16/54 — REGISTRAR'S SIGNATURE: Julia H. Parey — 24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05488

5508 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md. 54014
STREET ADDRESS (If rural, give location) 574 St. Mary's St.

3. NAME OF DECEASED (Type or Print) (First) Cynthia (Middle) Marie (Last) Woodson
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1954

5. SEX F
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 31, 1953
9. AGE last birthday yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bernard Woodson
14. MOTHER'S MAIDEN NAME Viola Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Pearl Simms, 1500 West Lanvale St. Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compression fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Automobile
(CITY OR TOWN) La Plata (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 2 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Automobile accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Richard Daly (Degree or title) M. D. ADDRESS La Plata, Md. DATE SIGNED 6/7/54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 6/9/54
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ayon Waldorf ADDRESS Md.

20X3191414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 11 1954
BUREAU V. S.